- (e) It must comply with State requests for information about the performance of a licensed agent or broker as part of a state investigation into the individual's conduct. CMS will establish and maintain a memorandum of understanding (MOU) to share compliance and oversight information with States that agree to the MOU.
- (f) A plan sponsor must report annually, as directed by CMS-
- (1) Whether it intends to use independent agents or brokers or both in the upcoming plan year; and
- (2) If applicable, the specific amount or range of amounts independent agents or brokers or both will be paid.

[73 FR 54250, Sept. 18, 2008, as amended at 73 FR 67412, Nov. 14, 2008; 76 FR 21569, Apr. 15, 2011; 76 FR 54634, Sept. 1, 2011; 77 FR 22168, Apr. 12, 2012]

§ 422.2276 Employer group retiree marketing.

MA organizations may develop marketing materials designed for members of an employer group who are eligible employer-sponsored for benefits through the MA organization, and furnish these materials only to the group members. These materials are not subject to CMS prior review and approval.

PART 423—VOLUNTARY MEDICARE PRESCRIPTION DRUG BENEFIT

Subpart A—General Provisions

Sec.

423.1 Basis and scope.

423.4 Definitions.

423.6 Cost-Sharing in beneficiary education and enrollment-related costs.

Subpart B—Eligibility and Enrollment

423.30 Eligibility and enrollment.

423.32 Enrollment process

423.34 Enrollment of low-income subsidy eligible individuals.

423.36 Disenrollment process

423.38 Enrollment periods.

423.40 Effective dates.

423.44 Involuntary disenrollment from Part D coverage.

423.46 Late enrollment penalty.

423.48 Information about Part D.

423.56 Procedures to determine and document creditable status of prescription drug coverage.

Subpart C—Benefits and Beneficiary **Protections**

423.100 Definitions.

423.104 Requirements related to qualified prescription drug coverage.

423.112 Establishment of prescription drug plan service areas.

423.120 Access to covered Part D drugs.

423.124 Special rules for out-of-network access to covered Part D drugs at out-ofnetwork pharmacies.

423.128 Dissemination of Part D plan information.

423.132 Public disclosure of pharmaceutical prices for equivalent drugs.

423.136 Privacy, confidentiality, and accuracy of enrollee records.

Subpart D—Cost Control and Quality **Improvement Requirements**

423.150 Scope.

423.153 Drug utilization management, quality assurance, and medication therapy management programs (MTMPs).

423.154 Appropriate dispensing of prescription drugs in long-term care facilities under PDPs and MA-PD plans.

423.156 Consumer satisfaction surveys.

423.159 Electronic prescription drug gram.

423.160 Standards for electronic prescribing. 423.162 Quality improvement organization activities.

423.165 Compliance deemed on the basis of accreditation

423.168 Accreditation organizations.

423.171 Procedures for approval of accreditation as a basis for deeming compliance.

Subpart E [Reserved]

Subpart F—Submission of Bids and Monthly **Beneficiary Premiums; Plan Approval**

423.251 Scope

423.258 Definitions.

423.265 Submission of bids and related information.

423.272 Review and negotiation of bid and approval of plans submitted by potential Part D sponsors .

423.279 National average monthly amount.

423.286 Rules regarding premiums.

423.293 Collection of monthly beneficiary premium.

Subpart G-Payments to Part D Plan Sponsors For Qualified Prescription Drug Coverage

423,301 Scope.

423.308 Definitions and terminology.

423.315 General payment provisions.